

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>50</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>33</u>
Town of _____			Local Registrar's No. _____
or _____			
City of <u>Globe</u>	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD <u>Ester Giono</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>Jan 9</u> 19 <u>20</u>
			(Month) (Day) (Yr.)
Full Name <u>Mike Giono</u>	FATHER	Full Maiden Name <u>Cecilia Crocco</u>	MOTHER
Residence <u>Globe, Arizona</u>		Residence <u>Globe Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>38</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)
Birthplace <u>Italy</u>		Birthplace <u>Italy</u>	
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>4</u>	Number of children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jan 9 1920, at 3:40 P.M.

{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) Alvin Kruse M.D.
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report191.....

Address Globe, Arizona

Filed Jan 12 1920 B. G. J. at LOCAL REGISTRAR.

596-109-336
COUNTY REGISTRAR.

Filed Feb 5 1920 B. G. J. at COUNTY REGISTRAR.

A True Copy